

Center for Access-Ability Resources
Division of Student Affairs & Enrollment Management
Northern Illinois University
Health Services Building
DeKalb, Illinois 60115
Phone: (815) 753-1303/Fax: (815) 753-9570
www.niu.edu/caar

Learning Disability Documentation

The student, whose name and signature appear below, has requested disability related services based on the diagnosis of a Learning Disability. The student is requesting that the following information be provide by a licensed professional trained in the area of Learning Disabilities. Please complete and return this form, and/or send copies of diagnostic evaluations and progress reports (containing the requested information), to the name and address listed above. Please consider this signed consent as authorization to release this information to the Center for Access-Ability Resources.

Student Name

Student Signature

Birthdate

ZID

Please note: Information provided is considered in determining appropriate disability relates resources, including academic accommodations.

DSM-IV-TR Diagnosis:

Date of Diagnosis _____ **Date of last contact with student** _____ **Date of initial contact** _____

Assessment Instruments and Results (including date of last evaluation):

Describe the Functional Impact (cognitive, perceptual and physical abilities):

List of Current Medication (dosage, side effects):

Treatment Plan (please describe current treatment procedures, therapy, etc.):

Recommendations for Accommodations and/or Resources:

Suggested Academic/Instructional Accommodations:

Professional Credentials:

Signature of Certifying Professional

Print Name/Title

License/Certification Number & State of Licensure

Date

Address

Phone